



# Building Permit Application

Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 16250 Frederick Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Dwight Mills  
 Address: 16250 Frederick Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 410 545 4655 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Dwight Mills  
 Address: 5299 Entomologist St  
 City: Edwards State: MD Zip Code: 21784  
 Phone: 301 245 5357 Fax: \_\_\_\_\_  
 Email: d.mills@skp.com

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ 4,621.00  
 Description of Work: remove composite deck & stairs & railing  
Install new by code  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: owner  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: SKP Permits  
 Contact Person: Dwight  
 Address: 5299 Entomologist St  
 City: Edwards State: MD Zip Code: 21784  
 License No.: 2M 20  
 Phone: 410 795 4404 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

| Commercial Building Characteristics                      | Residential Building Characteristics                                       |  |
|--|--|--|
| Height:  | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |  |
| No. of stories:  | <b>Depth</b> <b>Width</b>  |  |
| Gross area, sq. ft./floor:                               | 1 <sup>st</sup> floor:   |  |
|  | 2 <sup>nd</sup> floor:   |  |
| Area of construction (sq. ft.):                          | Basement:  |  |
| Use group:   | <input type="checkbox"/> Finished Basement                                 |  |
|  | <input type="checkbox"/> Unfinished Basement                               |  |
|  | <input type="checkbox"/> Crawl Space                                       |  |
| <b>Construction type:</b>                                | <input type="checkbox"/> Slab on Grade                                     |  |
| <input type="checkbox"/> Reinforced Concrete             | No. of Bedrooms:   |  |
| <input type="checkbox"/> Structural Steel                | <b>Multi-family Dwelling</b>   |  |
| <input type="checkbox"/> Masonry                         | No. of efficiency units:   |  |
| <input type="checkbox"/> Wood Frame                      | No. of 1 BR units:   |  |
| <input type="checkbox"/> State Certified Modular         | No. of 2 BR units:   |  |
|  | No. of 3 BR units:   |  |
|  | Other Structure:   |  |
|  | Dimensions:  |  |
| <b>&gt; Roadside Tree Project Permit</b>                 | Footings:  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof:  |  |
| <b>Roadside Tree Project Permit #</b>                    | <input type="checkbox"/> State Certified Modular                           |  |
|  | <input type="checkbox"/> Manufactured Home                                 |  |

| Utilities   |  |
|---|--|
| <b>Water Supply</b>   |  |
| <input type="checkbox"/> Public   |  |
| <input type="checkbox"/> Private  |  |
| <b>Sewage Disposal</b>  |  |
| <input type="checkbox"/> Public   |  |
| <input type="checkbox"/> Private  |  |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| <b>Heating System</b>   |  |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |  |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |  |
| <input type="checkbox"/> Other:   |  |
| <b>Sprinkler System:</b>  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |
| <b>Grading Permit Number:</b>   |  |
| <b>Building Shell Permit Number:</b>                                      |  |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Dwight Mills  
D Mills (a) skp.com  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: Dwight Mills  
 Date: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

| AGENCY   | DATE           | SIGNATURE OF APPROVAL |
|--|----------------|-----------------------|
| State Highways   |                |                       |
| Building Officials   |                |                       |
| PSZA ( Zoning )  |                |                       |
| PSZA ( Engineering )   |                |                       |
| Health   | <u>9/12/16</u> | <u>H. Oswald</u>      |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                       |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START  |                |                       |

| DPZ SETBACK INFORMATION   |
|---|
| Front:  |
| Rear:   |
| Side:   |
| Side St.:   |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Lot Coverage for New Town Zone:   |
| SDP/Red-line approval date:   |

|                |                 |
|----------------|-----------------|
| Filing Fee     | \$ <u>55.00</u> |
| Permit Fee     | \$              |
| Tech Fee       | \$              |
| Excise Tax     | \$              |
| PSFS           | \$              |
| Guaranty Fund  | \$              |
| Add'l per Fee  | \$              |
| Total Fees     | \$              |
| Sub-Total Paid | \$              |
| Balance Due    | \$              |
| Check          | #               |

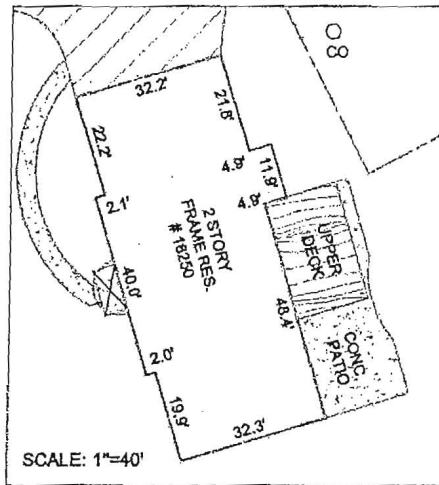
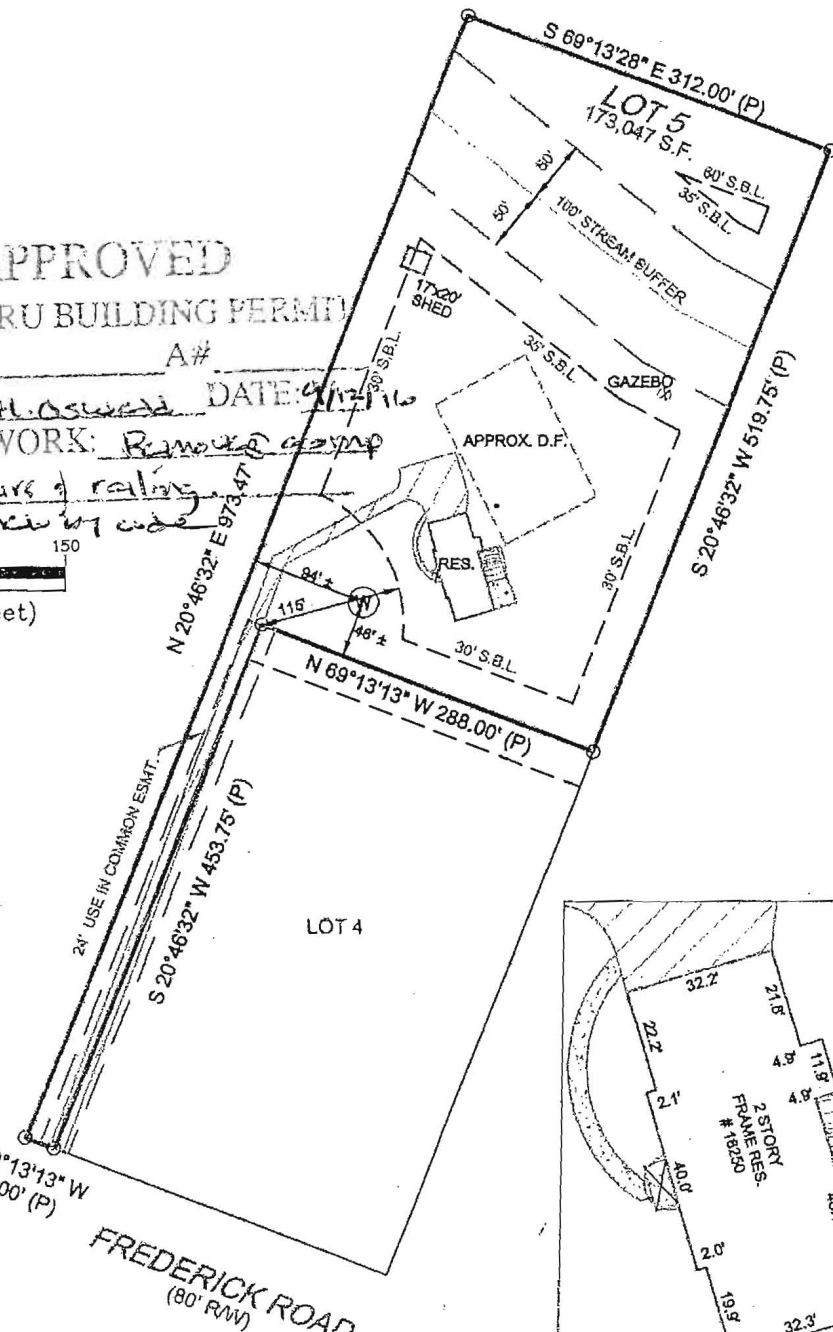
MD1208.0699  
LOCATION DRAWING  
LOT 5  
SECTION 1, GIORIOSO  
HOWARD COUNTY, MARYLAND  
08-13-2012 SCALE 1"=150'

APPROVED  
WALKTHRU BUILDING PERMIT



150  
0 75 150  
GRAPHIC SCALE (In Feet)  
1 inch = 150' ft.  
ACCURACY=3±

BP# \_\_\_\_\_ A# \_\_\_\_\_  
APPEL SAN H. OSWALD DATE: 8/13/12  
DESC. OF WORK: Remove gazebo  
deck stairs & railing  
Install new deck code



*John E. Krubath*  
EXPIRES 05-26-2014

POINTS OF INTEREST:  
NONE VISIBLE

CLIENT NUMBER: 12-1999ES

DATE: 8/13/2012

BUYER: DONALD A. GURZELL AND YVONNE GURZELL

SELLER: JEFFREY T. MITCHELL AND SHANNON B. MITCHELL

CERTIFIED TO:  
DONALD A. GURZELL AND YVONNE GURZELL; HOMELAND TITLE & ESCROW, LTD.; STEWART TITLE GUARANTY COMPANY



**GREG KOCH** REALTOR®

O: 410-802-6006  
C: 410-721-9600  
GREGKOCH@MRIS.COM  
WWW.GREGK.REMAX.COM



2/28/00  
Co - Open Septic Tank & Hole  
First Thing (Meet Installer)  
AH

Plumber  
KE HANBOSTON  
410-857-0255

# PERMIT

P 513290

## SEWAGE DISPOSAL SYSTEM

A 512769

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

ISSUE DATE 2/28/00

APPROVAL DATE 3/10/00

04-363256 INDEXED

Jenkins Brothers IS PERMITTED TO INSTALL X ALTER       

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 410-461-9282

SUBDIVISION Glorioso Property LOT NUMBER 5 ADDRESS #6250 Frederick Road

PROPERTY OWNER Charles Stancer PROPERTY OWNER'S ADDRESS       

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED TANK REQUIRED

PUMP CHAMBER CAPACITY        GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210 186

LINEAR FEET OF TRENCH REQUIRED 350 200

CHANGED TO  
DEEP TRENCHES  
AT TIME OF INSTALLATION

TRENCHES: Trenches to be 2 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 165 feet off the 288' lot line and 170 feet off the 519.75' lot line as seen from the pipestem. Run trenches along contour in both directions.

NOTES: Septic tank to be installed as close as possible to designated distribution box location. **INSTALLER TO REQUEST HEALTH DEPARTMENT INSPECTION OF SEPTIC TANK HOLE PRIOR TO TANK INSTALLATION. FINAL DETERMINATION OF SPECIFIED TRENCH DEPTHS TO BE MADE AT THAT TIME.**

OK PP 2/2/00

PLANS APPROVED DONNA K. SOE/CRAIG WILLIAMS DATE 1-03-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

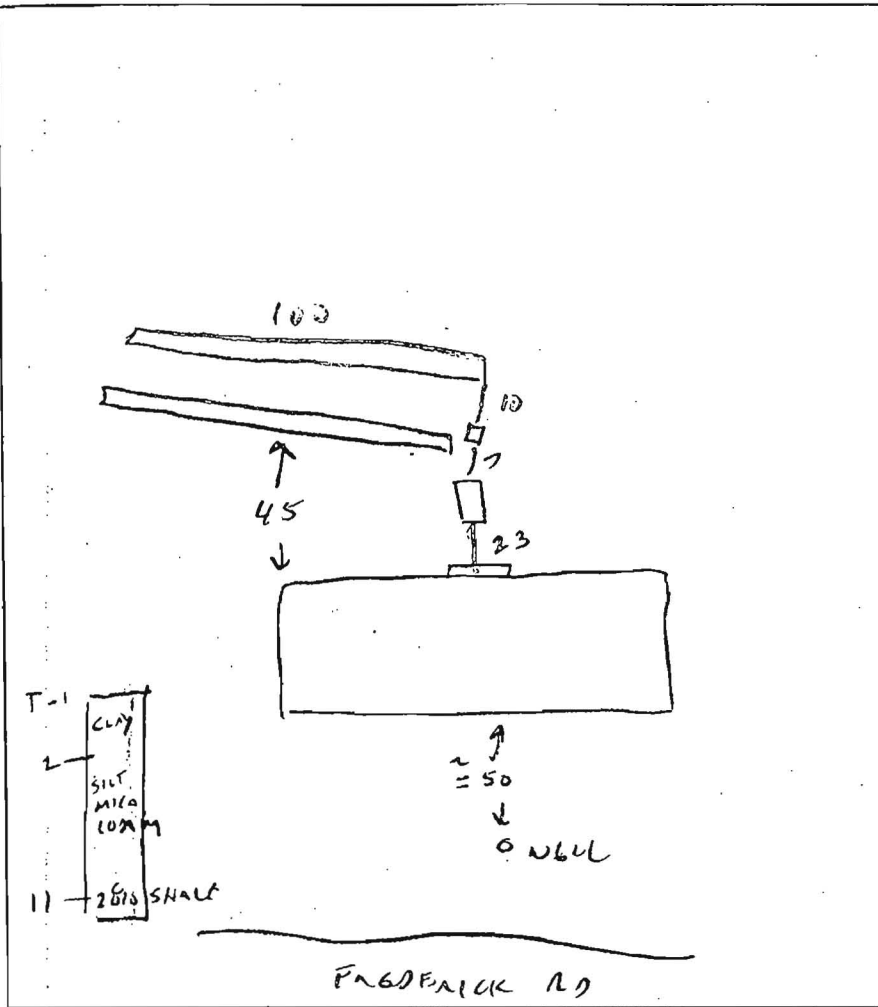
BLDG PERMITS SIGNED  
AND RETURNED 3/9/00  
#000122 823  
STONE MONUMENT

BLDG PERMITS SIGNED  
AND RETURNED 1/25/2001  
#000128 195

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

512769

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2  
 TRENCH INLET DEPTH 2  
 TRENCH BOTTOM DEPTH 6 1/2  
 DEPTH OF STONE 4 1/2  
 NUMBER OF TRENCHES 2  
 TOTAL TRENCH LENGTH 200  
 ABSORBENT AREA 900  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: TEST T-1 AT SEPTIC TANK OK SOILS GOOD 2-11'  
 OK FOR DEEP TRENCHES 2' WIDE INLET 2' BOTTOM 6 1/2 4 1/2 FT STONE. 2/28/00 CW

INSPECTION COMMENTS: TANK & FIRST TRENCH OK. 2/28/00  
 GRAVEL TO 2ND TRENCH IN PROBLEMS. OK TO COMPLETE & COVER ALL. (CW)  
 - WALL CHECK NEEDED → WALL CHECK OK 3/10/00 (CW)

INSPECTOR C. Williams

DATE SYSTEM APPROVED 3/10/00

PLEASE ADAPTED OK (CW) 2/28/00  
 PLUMBERS FORM NEEDED